# STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

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| **Facility's Name: Emma-Rose Adult Residential Care Home** | **CHAPTER 100.1** |
| **Address:**<br>**94-379 Haaa Street, Waipahu, Hawaii 96797** | **Inspection Date: March 18, 2019** |

**THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.**

**YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.**

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(a)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>Household member (HM) #1 & HM #2 - No documentation of physical examination. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Physical Examinations was obtained from Physicians for Household member #1 and #2 | 3/25/19 |

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| ☒ | §11-100.1-9 Personnel, staffing and family requirements.<br>(a)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.<br><br>**FINDINGS**<br>Household member (HM) #1 & HM #2 - No documentation of physical examination. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will give to my household member the ARCH PE form to be signed by physician stating that they are free from any infectious diseases prior to their first contact w/ my residents and give me the signed form for my ARCH file. I will use a clearance log to keep track of Physical Exam. I will check the log monthly 3 months before expiration date. I will inform household member that they need to make appt. to their physicians and have their PE form signed by physician and give me the form before expiration date for the ARCH file. | 7-12-19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.<br><br>**FINDINGS**<br>HM #1 & HM #2 - No documentation of tuberculosis clearance. HM #2 medication found in the refrigerator. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>Household member #1 and Household member #2 Tuberculosis clearance was obtained from Lanakila Health Center for chest Xray and TB clearance form was signed by the Physicians.<br>Household member #2 medication found in the Refrig. was removed from Refrig. and discarded. | 3/25/19 |

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| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (b)<br>All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.<br><br>**FINDINGS**<br>HM #1 & HM #2 - No documentation of tuberculosis clearance. HM #2 medication found in the refrigerator.<br><br>I will give also the ARCH form for TB risk screening to be filled up by physicians. This applies to all workers and family in the Carehome. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will inform household member to have their first step and after one week to have their second step PPD done by their physician to ensure that they are not positive for TB and if ever positive for Tuberculosis they have to do chest xray to confirmed that they are free from TB and give me the signed form- TB clearance prior to first contact ē my resident. I will use clearance log to keep track of TB clearance. I will check the log monthly 3 months before expiration date. I will inform that they need to make appt. to their doctor and have their TB clearance given to me before expiration date for the ARCH file. | 7-12-19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>All substitute care givers (SCG) - No documentation of training to make prescribed medication available to residents. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Training to make prescribed medications was given by primary caregiver and to all substitute caregivers and documented by Primary Caregivers. | 3/25/19 |

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| ☒ | §11-100.1-9 Personnel, staffing and family requirements. (e)(4)<br>The substitute care giver who provides coverage for a period less than four hours shall:<br><br>Be trained by the primary care giver to make prescribed medications available to residents and properly record such action.<br><br>**FINDINGS**<br>All substitute care givers (SCG) - No documentation of training to make prescribed medication available to residents. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will create a training list to all my Substitute caregiver how to give prescribe medications, w/c includes Right patient, Right medications, Right Dose, Right time and Right Route. And to know when to notify physicians for any adverse effect or any unusual behavior. Also to document every after medication given to the clients binder. I will make sure that I have their training form and document in my ARH file. | 7-12-19 |

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|---|---|---|---|
| ☒ | §11-100.1-12 Emergency care of residents and disaster preparedness. (c)<br>The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.<br><br>**FINDINGS**<br>No quarterly rehearsals of fire evacuation conducted for residents to follow when residents admitted 9/1/8 and 10/1/18. Fire drill conducted on 11/30/18. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-12 Emergency care of residents and disaster preparedness. (c)<br>The licensee shall conduct regular quarterly rehearsals of emergency evacuation plans for staff and residents to follow in case of fire, explosion, or other civil emergency occurring in or within the environs of the facility.<br><br>**FINDINGS**<br>No quarterly rehearsals of fire evacuation conducted for residents to follow when residents admitted 9/1/8 and 10/1/18. Fire drill conducted on 11/30/18. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will ensure to conduct regular rehearsals of emergency evacuation plans for the staff and residents one month after admission date and every 3 months after to practice and familiarize the fire exits and location of meeting place. | 3/25/19 |

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|---|---|---|---|
| ☒ | §11-100.1-13 Nutrition. (b)<br>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.<br><br>**FINDINGS**<br>On 3/18/19, the menu was not followed. SCG was not aware of a substitution list. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>I trained the SCG and told her to follow the menu as written. If the residents don't like the food on the menu SCG will give them whatever requested and record on the substitution list that's kept in the kitchen | 08-15-19 |

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| ☒ | §11-100.1-13 Nutrition. (b)<br>Menus shall be written at least one week in advance, revised periodically, dated, and followed. If cycle menus are used, there shall be a minimum of four weekly menus.<br><br>**FINDINGS**<br>On 3/18/19, the menu was not followed. SCG was not aware of a substitution list. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will ask my SCG if she follow the menu and if not I will ask if she recorded what she served on the substitution list | 8-15-19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-15 Medications. (b)<br>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.<br><br>**FINDINGS**<br>Tussin CF was unsecured in a refrigerator located in the resident living area. The locking device was not in use. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Tussin CF medications was removed fr. the refrig. in the resident living room. | 3/25/19 |

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| ☒ | §11-100.1-15 Medications. (b)<br>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.<br><br>**FINDINGS**<br>Tussin CF was unsecured in a refrigerator located in the resident living area. The locking device was not in use. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will remind my SCG to always make sure the refrig. be locked at all times. I will have a sign near the refrig. to remind them to use the locking device. I will check the refrig. locking device at least daily or when I pass the refrig. | 8-15-19 |

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| ☒ | §11-100.1-15 Medications. (b)<br>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.<br><br>**FINDINGS**<br>Guaifenesin-codeine (for HM #2) and Tussin DM cough medication were unsecured in the kitchen refrigerator. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>Guaifenesin Codeine and Tussin DM, cough medications was removed fr. the kitchen Refrig. | 3/25/19 |

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| ☒ | §11-100.1-15 Medications. (b)<br>Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security. Medications that require storage in a refrigerator shall be properly labeled and kept in a separate locked container.<br><br>**FINDINGS**<br>Guaifenesin-codeine (for HM #2) and Tussin DM cough medication were unsecured in the kitchen refrigerator. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I will use the refrigerator in the resident living area to store in the refrigerated medication. I will tell my SCG to use the locking device. I will check my kitchen refrig. at least daily to make sure there is no unsecured medication. I will train my SCG to use the refrigerator residents living area for refrig. medication. | 8-15-19 |

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| ☒ | §11-100.1-17 Records and reports. (a)(4)<br>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:<br><br>A report of a recent medical examination and current diagnosis taken within the preceding twelve months and report of an examination for tuberculosis. The examination for tuberculosis shall follow current departmental policies;<br><br>**FINDINGS**<br>Resident #1 - No report of recent medical examination at the time of admission on 12/10/18. The physical examination was dated 1/18/19. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-17 Records and reports. (a)(6)<br>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:<br><br>Physician or APRN signed orders for diet, medications, and treatments;<br><br>**FINDINGS**<br>Resident #1 - No diet, medication and treatment orders on admission 12/10/18. The diet, medication and treatment orders were dated 1/18/19. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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| ☒ | §11-100.1-17 Records and reports. (a)(6)<br>The licensee or primary care giver shall maintain individual records for each resident. On admission, readmission, or transfer of a resident there shall be made available by the licensee or primary care giver for the department's review:<br><br>Physician or APRN signed orders for diet, medications, and treatments;<br><br>**FINDINGS**<br>Resident #1 - No diet, medication and treatment orders on admission 12/10/18. The diet, medication and treatment orders were dated 1/18/19. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will provide the ARCH forms, The Physicians order record to be filled up by the client physician to documents the current diet, medication and treatment order before admitting or readmission to my carehome. Will inform the clients and family to secure all this forms needed before placement and if documents not available clients has to wait until forms signed by his/her physicians.. | 7-12-19 |

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| ☒ | §11-100.1-17 Records and reports. (b)(3)<br>During residence, records shall include:<br><br>Progress notes that shall be written on a monthly basis, or more often as appropriate, shall include observations of the resident's response to medication, treatments, diet, care plan, any changes in condition, indications of illness or injury, behavior patterns including the date, time, and any and all action taken. Documentation shall be completed immediately when any incident occurs;<br><br>**FINDINGS**<br>Resident #1 - No documentation that blood sugar testing is performed by the PCG. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I trained my SCG to document the Blood Sugar result in the medication flow sheet and sign that she took the Blood Sugar check. I will document in the Progress note that caregivers performing the Blood Sugar check. | 8-15-19 |

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| ☒ | §11-100.1-17 Records and reports. (b)(4)<br>During residence, records shall include:<br><br>Entries describing treatments and services rendered;<br><br>**FINDINGS**<br>Resident #1 - No documentation of blood sugar checks performed twice daily. The resident stated that the primary care giver (PCG) performs his blood sugar checks.<br><br>The SCG presented a log of blood sugar checks; however, the log was incomplete. The time of day for the p.m. blood sugar checks were not recorded. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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|---|---|---|---|
| ☒ | §11-100.1-20 Resident health care standards. (c)<br>The primary and substitute care giver shall be able to recognize, record, and report to the resident's physician or APRN significant changes in the resident's health status including, but not limited to, convulsions, fever, sudden weakness, persistent or recurring headaches, voice changes, coughing, shortness of breath, changes in behavior, swelling limbs, abnormal bleeding, or persistent or recurring pain.<br><br>**FINDINGS**<br>SCGs - No documentation of training for the following:<br>• To recognize symptoms of hypoglycemia/hyperglycemia<br>• To treat episodes of hypoglycemia/hyperglycemia<br>• Blood sugar testing | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br>Substitute caregiver was informed to recognized the symptoms of hypo-glycemia / hyperglycemia and subst. caregiver was also given a training to treat episodes of hypoglycemia and hyperglycemia, also for taking blood sugar testing. | 3/25/19 |

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|---|---|---|---|
| ☒ | §11-100.1-21 Residents' and primary care givers' rights and responsibilities. (a)(1)(C)<br>Residents' rights and responsibilities:<br><br>Written policies regarding the rights and responsibilities of residents during the stay in the Type I ARCH shall be established and a copy shall be provided to the resident and the resident's family, legal guardian, surrogate, sponsoring agency or representative payee, and to the public upon request. The Type I ARCH policies and procedures shall provide that each individual admitted shall:<br><br>Be fully informed orally and in writing, prior to or at the time of admission, and during stay, of services available in or through the Type I ARCH and of related charges, including any charges for services not covered by the Type I ARCH's basic per diem rate;<br><br>**FINDINGS**<br>Resident #1 - Rates were not specified on the general operational policy. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>Admission Policies: Rates for monthly services ~~was~~ given to residents were corrected and was written accordingly. | 3/25/19 |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (g)(3)(D)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;<br><br>**FINDINGS**<br>Fire drills were not conducted three months from the previous drill. There was a fire drill on 11/30/18. There was no description of the fire drill conducted on 11/30/18. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

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|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (g)(3)(I)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the<br>Type I home provided that either:<br><br>**FINDINGS**<br>Resident #1 - No self-preservation certification at the time of admission on 12/10/18. Self-preservation certification completed on 1/18/19. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (g)(3)(I)<br>Fire prevention protection.<br><br>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:<br><br>Each resident of a Type I home must be certified by a physician that the resident is ambulatory and capable of following directions and taking appropriate action for self-preservation under emergency conditions, except that a maximum of two residents, not so certified, may reside in the<br>Type I home provided that either:<br><br>**FINDINGS**<br>Resident #1 - No self-preservation certification at the time of admission on 12/10/18. Self-preservation certification completed on 1/18/19. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will use the resident's admission checklist before admission to make sure that all documents in place. I will inform family if anything missing before the admission. | 8-15-19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)(3)<br>The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.<br><br>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;<br><br>**FINDINGS**<br>The SCG did not sanitize lunch dishes on 3/18/19. She stated the PCG does it. | **PART 1**<br><br>**Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.** | |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (h)(3)<br>The Type I ARCH shall maintain the entire facility and equipment in a safe and comfortable manner to minimize hazards to residents and care givers.<br><br>All Type I ARCHs shall comply with applicable state laws and rules relating to sanitation, health, infection control and environmental safety;<br><br>**FINDINGS**<br>The SCG did not sanitize lunch dishes on 3/18/19. She stated the PCG does it. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br><br>I told my SCG to sanitize after every meal. I check my SCG when washing the dishes if they sanitize. I have posted the instruction for sanitizing dishes in the kitchen area by the sink. | 8-15-19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B)<br>Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;<br><br>**FINDINGS**<br>For one (1) resident, two (2) of three (3) pillows did not have pliable plastic pillow protectors. | **PART 1**<br><br>**DID YOU CORRECT THE DEFICIENCY?**<br><br>**USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY**<br><br>I will purchased 2 new pliable pillow protectors and placed them in bed. | 3/25/19 |

| | RULES (CRITERIA) | PLAN OF CORRECTION | Completion Date |
|---|---|---|---|
| ☒ | §11-100.1-23 Physical environment. (o)(3)(B)<br>Bedrooms:<br><br>Bedroom furnishings:<br><br>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;<br><br>**FINDINGS**<br>For one (1) resident, two (2) of three (3) pillows did not have pliable plastic pillow protectors. | **PART 2**<br><br>**FUTURE PLAN**<br><br>**USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?**<br>I will buy pliable pillow protectors and make sure it has a plastic lining. I will instruct my SEG to make sure that pillow cover has a plastic lining whenever they change linen. | 3/25/19 |

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Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: March 25, 2019

Licensee's/Administrator's Signature: Belma P. Unay

Print Name: BELMA UNAY

Date: July 12, 2019

Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: 08-15-19